

Coalition: _____
 Contact Information: _____
 Date: _____

Evidence-Based Program Waiver Form

Program/Strategy Name: Population of Focus: Problem Statement: IOM:	Yes	No	Supporting Evidence (summarize below, provide a link, or provide an additional attachment)
1. Is the program, policy, or practice listed as a "Model Program" or promising substance abuse prevention program on a national list or registry of evidence-based interventions?			
2. Is the program, policy, or practice reported (with positive effects on similar target audiences] in peer-reviewed journals? Please provide links to the articles here and/or attach as a PDF.			
If #1 and #2 are answered "No," numbers 3-5 MUST be met:			
3. Is the program, policy, or practice based on solid information documented in a conceptually clear logic model? Please attach the logic model.			
4. Is the program, policy, or practice similar in content and structure to interventions that appear in registries or peer-reviewed literature? If so, please provide the name of the program and other information to support its comparability and describe changes in program practice proposed.			
5. Has the program, policy, or practice been effectively implemented in the past with a consistent pattern of credible and positive effects? (Strong local data may be used in this section. Please provide a full report of the impact outcomes along with tools used to collect the information.)			
The following questions must be answered:			

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6. If there is a similar EBP or strategy that is already approved on the EBP list, provide rationale for not selecting it.	
7. Provide the resources necessary, including all costs or staff training, travel, materials, etc., to implement this strategy.	
8. How many people do you anticipate this program will reach or serve this fiscal year?	
9. What will be the cost of this program. Identify and provide information on how barriers such as fidelity, cost, training, capacity, stakeholder buy-in, etc., will be addressed. Provide the staff who will be responsible and credentials qualifying them to provide the program.	
10. How will the strategy/concept be successfully implemented in the county? Provide the staff who will be responsible for oversight of monitoring roll out and implementation fidelity.	
11. How will you evaluate the process and outcomes of the strategy? Provide tools, metrics, participant protections.	
12. Address continuity of the program: Has this program been offered in the past? Describe how this strategy would be sustained after the grant ends or how this will increase local capacity to offer the program in the future.	

Reviewers Only

Name of Reviewer:

Approved YES/NO/More Information Requested:

Reasoning: